 TRANSMITTAL FORM	Application Number	09/320,767
	Filing Date	May 27, 1999
	First Named Inventor	Giannoukakis
	Group Art Unit	1635
	Examiner Name	Angell, Jon E.
Total Number of Pages in This Submission	Attorney Docket Number	A32362

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ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks <input type="checkbox"/>	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	BakerBotts LLP 30 Rockefeller Plaza New York, NY 10112	
Signature	<i>Carmella L. Stephens</i>	Att Name: Carmella L. Stephens PTO Reg: 41,328
Date	June 18, 2003	

CERTIFICATE OF MAILING		
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450 on this date: <u>June 18, 2003</u>		
Typed or printed name	<i>Carmella L. Stephens</i>	
Signature	<i>Carmella L. Stephens</i>	Date <u>June 18, 2003</u>

BAKER BOTTS LLP

Attorney Docket Number: A32362

Title: GENE TRANSFER TO PANCREATIC CELLS FOR PREVENTION OF ISLET DYSFUNCTION



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Use Space Below for Additional Information:

BAKER BOTTS LLP

FEE TRANSMITTAL for FY 2003

Effective 10/01/2003. Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)**465**

Complete If Known

Application Number 09/320,767
Filing Date May 27, 1999
First Named Inventor Giannoukakis
Examiner Name Angell, Jon E.
Art Unit 1635
Attorney Docket No. A32362

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit Account Number
Deposit Account Name

02-4377

Baker Botts LLP

The Commissioner is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Credit any overpayments

☒ Charge any additional fee required under 37CFR 1.16 and 1.17

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 750	2001 375	Utility filing fee	
1002 330	2002 165	Design filing fee	
1003 520	2003 260	Plant filing fee	
1004 750	2004 375	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	

SUBTOTAL (1) (\$)**0**

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
20	20	0	0
3	3	0	0

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 84	2201 42	Independent claims in excess of 3
1203 280	2203 140	Multiple dependent claim, if not paid
1204 84	2204 42	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)**0**

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130	Non-English specification	
1812 2,520	1812 2,520	For filing a request for ex parte reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	
1252 410	2252 205	Extension for reply within second month	
1253 930	2253 465	Extension for reply within third month	465
1254 1,450	2254 725	Extension for reply within fourth month	
1255 1,970	2255 985	Extension for reply within fifth month	
1401 320	2401 160	Notice of Appeal	
1402 320	2402 160	Filing a brief in support of an appeal	
1403 280	2403 140	Request for oral hearing	
1451 1,510	1451 1,510	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive - unavoidable	
1453 1,300	2453 650	Petition to revive - unintentional	
1501 1,300	2501 650	Utility issue fee (or reissue)	
1502 470	2502 235	Design issue fee	
1503 630	2503 315	Plant issue fee	
1460 130	1460 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)	
1806 180	1806 180	Submission of Information Disclosure Stmt	
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	
1809 750	2809 375	Filing a submission after final rejection (37 CFR 1.129(a))	
1810 750	2810 375	For each additional invention to be examined (37 CFR 1.129(b))	
1801 750	2801 375	Request for Continued Examination (RCE)	
1802 900	1802 900	Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)**465**

SUBMITTED BY

Name (Print/Type)

Carmella L. Stephens

Registration No. (Attorney/Agent)

41,328

(Complete if applicable)

Telephone 212 408-2539

Signature

Carmella L. Stephens

Date

June 18, 2003

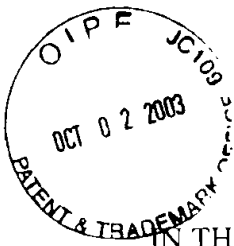


In Re:	Giannoukakis	09/320,767
	(Applicant)	(Serial No.)
In Re:	Amendment	June 18, 2003
	(Title of Paper)	(Date)
		A32362
		(File No.)

The stamp of the Patent Office Mail Room hereon acknowledges the receipt of the above-identified papers on the date indicated by such stamp.
Amendment Transmittal
Extension of Time
17 Sheets of Drawings



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FILE NO. A32362 072396.0174

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Giannoukakis
Serial No. : 09/320,767
Examiner : Sorrello, E.
Filed : May 27, 1999
Group Art Unit : 1633
For : GENE TRANSFER TO PANCREATIC CELLS

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FOR PREVENTION OF ISLET DYSFUNCTION

LETTER

I hereby certify that this paper is being deposited with the United States Postal Service as first class mail in an envelope addressed to:
Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450

Attorney: Carmella L. Stephens
Carmella L. Stephens
Signature

PTO Reg. No. 41,328
September 29, 2003
Date of Signature

Assistant Commissioner for Patents
Washington, D.C. 20231

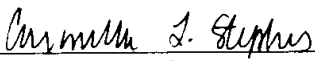
Sir:

In response to the outstanding Office Communication dated September 23, 2003, in which Applicant was advised that the proposed reply filed June 24, 2003 was not entered because it was unsigned, enclosed please find an executed Amendment, together with original transmittal pages and return receipt postcard. Please note that the Amendment has been altered to conform to the Patent and Trademark Office's Revised Amendment Practice.

Applicants do not believe that any fee is required in connection with the submission of this document. However, should any fee be required, or if any overpayment has

been made, the Commissioner is hereby authorised to charge any fees, or credit or overpayments made, to Deposit Account 02-4377. Duplicate copies of this sheet are enclosed.

Respectfully submitted,



Rochelle K. Seide
PTO Reg. No. 32,300

Carmella L. Stephens
PTO Reg. No. 41,328

Attorneys for Applicants

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